

Retiree Date: \_\_\_\_\_

Credit Service: \_\_\_\_\_

**KAISER BARGAINING UNIT**

**RETIREE**

**AFL HOTEL & RESTAURANT WORKERS HEALTH & WELFARE TRUST FUND**

**MEMBER INFORMATION**

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	BIRTHDATE	MARRIAGE DATE
<b>MEMBER MAILING ADDRESS</b>					
CITY			STATE	ZIPCODE	HOME TELEPHONE #
NAME OF EMPLOYER				DATE OF HIRE	

**CHOICE OF PLAN**

**BENEFICIARY INFORMATION**

DEATH BENEFITS TO BE PAID TO

MEDICAL PLAN		DENTAL PLAN		MAILING ADDRESS			
AFL INDEMNITY PLAN (PSWA)		HDS					
KAISER HEALTH PLAN				SOCIAL SECURITY NUMBER		RELATIONSHIP TO MEMBER	

**SPOUSE AND DEPENDENT CHILDREN**

List below your spouse and all unmarried children under age 26 (Declaration of Adult Dependent Status Required).

NAME	SOCIAL SECURITY NUMBER	CHECK ONE			BIRTHDATE		
		Spouse	Son	Daughter	Month	Date	Year

Although your pension benefits are not administered by the Trust Fund Office, it is necessary for you to provide us with your pension benefit selection so that we may determine your eligibility for retiree Health & Welfare benefits under the AFL Hotel & Restaurant Workers Health & Welfare Trust Fund. Please indicate your selection below:

Pension Election:

Monthly Pension Benefit

Lump Sum Benefit

Signature of Employee: \_\_\_\_\_ Date Signed: \_\_\_\_\_